

9. Has the institution been issued with the necessary licence by the Local Authority, enabling it to trade legally at the premises specified in answer to question 2. YES NO

If No, please advise submission date

10. Is the institution
 (a) a member of a group of hospitals
 or
 (b) affiliated to any other medical interest YES NO

If Yes, furnish with details

11. Please give brief description of the institution's activities

12. Please state the appropriate division of your patients between. Any other classes, please specify

- | | | | |
|-------------------|-------|--------------------|-------|
| (a) Surgical | (%) | (h) ENT | (%) |
| (b) Medical | (%) | (i) Psychiatric | (%) |
| (c) Orthopaedics | (%) | (j) Drug addiction | (%) |
| (d) Obstetrics | (%) | (k) Alcoholics | (%) |
| (e) Gynecology | (%) | (l) Communicable | (%) |
| (f) Paediatric | (%) | (m) Tubercular | (%) |
| (g) Ophthalmology | (%) | (n) Senile/Aged | (%) |
| | | (o) Insane | (%) |

13. Please state number of beds maintained:-
 (a) Full pay beds or part-pay beds (other than bassinets for maternity cases)

(b) Charity beds (other than bassinets)

(c) Maternity beds (i.e. bassinets)

14. Please state average annual bed occupancy, (average bed occupancy may easily be calculated by noting the occupancy at the end of (or any specific day of) each month and dividing the aggregate total of twelve months' figures by twelve.

15. Please state number of X-ray machines owned or operated, and whether they are used for:-

(i) Diagnosis - No.

(ii) Treatment - No..... (*by whom is treatment given?.....)

* Not necessary to be answered in respect of institution employed operators of diagnostic and therapeutic X-ray equipment.

16. Does the institution give radium, or any other forms of radioactive treatment. YES NO
 If Yes, please furnish with details.

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17. Please state number of employees in each of the following classification:-
 Medical staff:-
 (a) Surgeons specialising in
- (b) Doctors of Medicine specialising in
- (c) Radiologists
- (d) Radiographer
- (e) Laboratory Technicians
- (f) Pharmacists
- (g) Nurses Qualification(s) and years obtained
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Name of Director of Nursing:-

S R N's: Day Night

S E N's: Day Night

Ancillary Nurses Day Night

Student Nurses Day Night

18. (a) Does the institution undertake the training of staff? YES NO
 If Yes, please furnish with details

(b) Does the institution undertake to ensure that all trainees carry out their duties under proper supervision? YES NO

19. Does the institution maintain clinics? YES NO
 If Yes, please state:-

(a) Type

(b) Whether free to patients
 or
 (i) Full pay

(ii) Part pay

.....

(c) The number of institution employed clinic
 (i) Doctors:

(ii) Nurses :

20. Please advise:-
 (a) The type of construction of the premises
- (b) The number of storeys
- (c) The number of rooms occupied by patients
- (d) The type of floor (concrete/wood)
- (e) The age of the structure

- (f) Whether purpose built?
21. Please state:-
- (a) The distance to the nearest fire station
- (b) What hydrants, extinguishes sprinklers, direct phone links to the fire brigade etc are installed
.....
- (c) The construction and condition of fire escapes
- (d) Are your staff instructed Fire protection procedures? YES NO
22. Do your staff receive any medical malpractice risk management training? YES NO
23. (a) Does the institution have any other malpractice insurance? YES NO
- If Yes, please furnish with details
- (i) Company/Underwriters with whom effected
- (ii) Limit of Liability
- (iii) Self Insured deductible (if any).....
- (iv) Premium
- (v) Renewal Date
- (b) What Public Liability Insurance coverage does the institution have? YES NO
24. Has any Company or Lloyd's Underwriters ever cancelled, declined, refused to renew or only accepted on special terms the Institution's Malpractice Insurance?
If Yes, please furnish with details
25. Have any claims or suits for Malpractice been made against the institution and/or owners of the institution, or are the institution and/or the owners of the institution aware of any circumstances which may result in any such claim being made against the institution and/or the owners of the institution?
If Yes, please furnish with details
26. Please state the amount of insurance required
- RO Any one claim
RO In all any one annual premium
27. Is there any further information that should be made known to the Company in order that they may form a proper estimate of the risk? YES NO
(Please attach any relevant publications or brochures).

I/We hereby declare that the foregoing statements and particulars are true and that I/we have not suppressed or misrepresented any material facts.

Signed for and on behalf of the Institution.

Date :

Name :

Official Position :